



COLLEGE of AMERICAN
PATHOLOGISTS

Maximize Your MIPS Bonus Potential

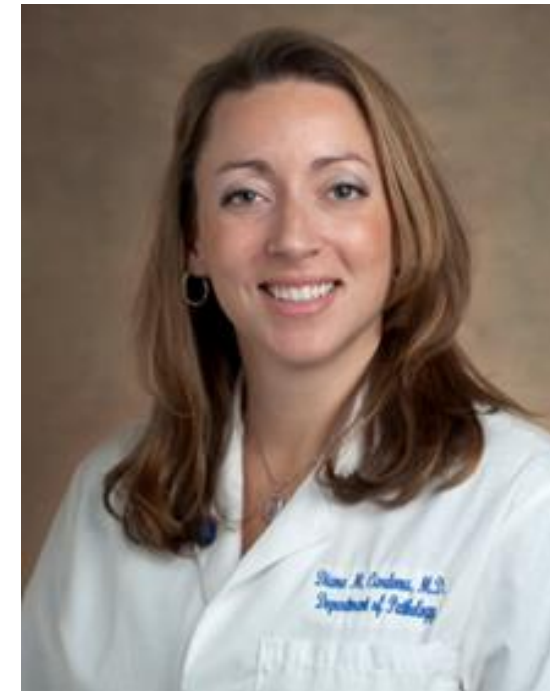
Diana Cardona, MD, FCAP
Stephanie Peditto, Director of CAP
Quality

August 9, 2018

Welcome

Diana Cardona, MD, FCAP

- **Chair, Measures & Performance Assessment Subcommittee**

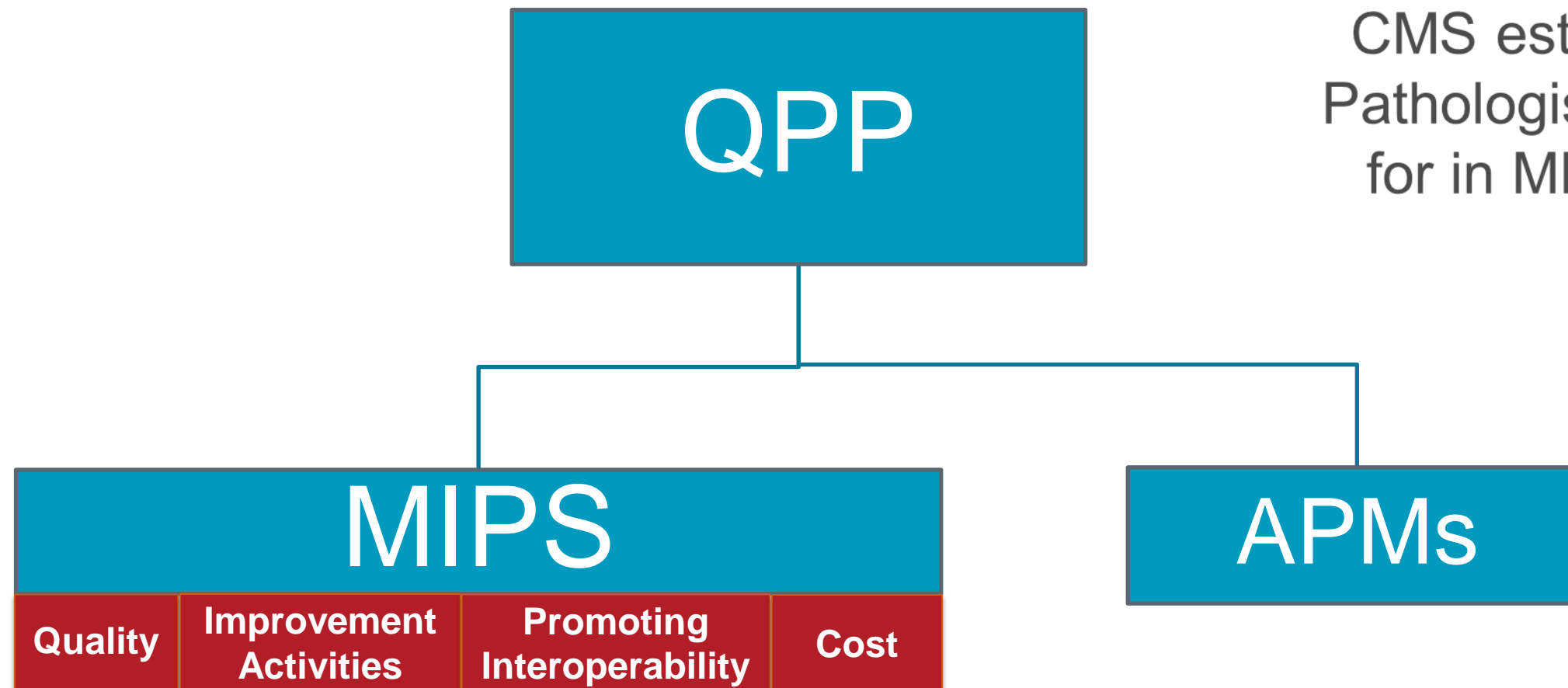


Today

- **MIPS background**
- **Confirm MIPS reporting status**
- **Decide if you will report as an individual or group**
- **Determine your best reporting method**
- **Maximize Your Bonus Potential**
 - **Identify the Quality Measures applicable to your practice**
 - **Select the Improvement Activities most relevant**
- **Understand Scoring and Bonus Potential**

Quality Payment Program Pathways

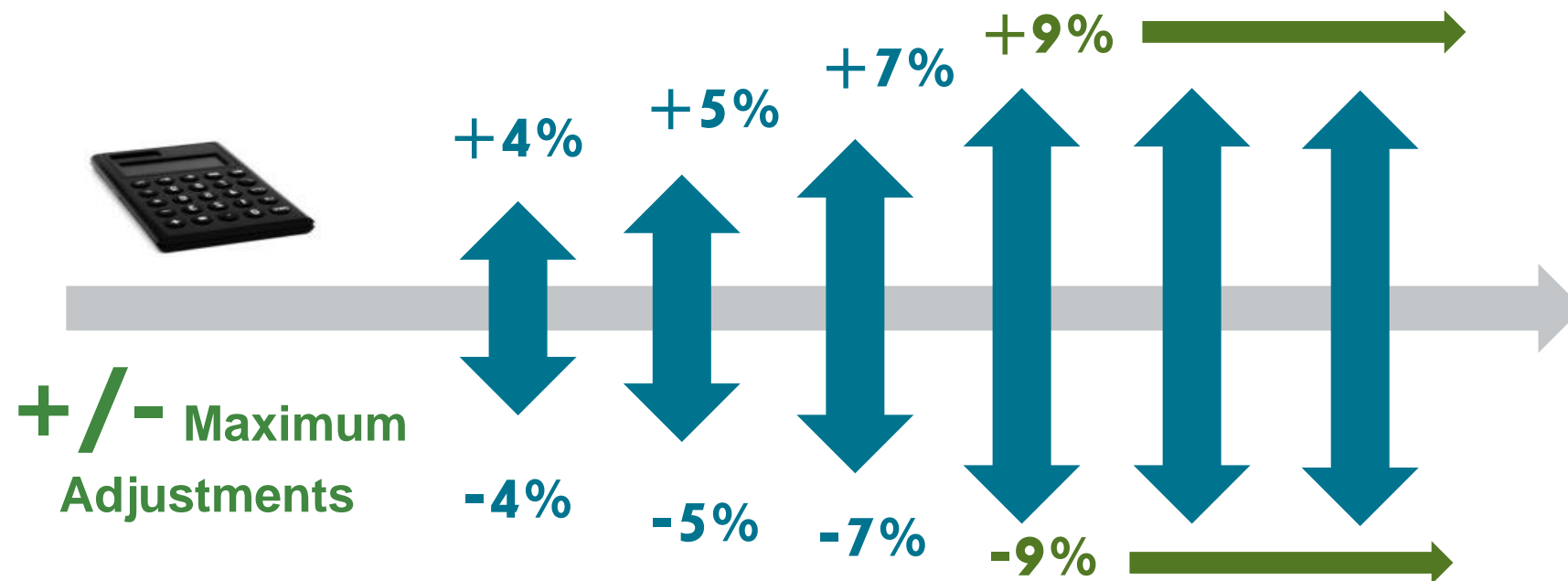
Two pathways/tracks are offered under the QPP:



CMS estimates 7,900 Pathologists are eligible for in MIPS in 2018.

More Money is at Stake Each Year

Based on a MIPS Final Score, clinicians will receive +/- or neutral adjustments up to the percentages below.



Doing nothing will result in a penalty

2019 2020 2021 2022 onward

Merit-based Incentive Payment System (MIPS)

Key Definitions

- **Exempt Clinicians**

- Clinicians who enroll in Medicare for the first time in 2018
- Clinicians who participate in an Advanced APM and are either a Qualifying APM Participant (QP) or Partial QP
- Clinicians or groups that have billed \$90,000 or less in Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries
- Clinicians or groups that have 200 or fewer Medicare Part B FFS beneficiaries

- **Small Practice: 15 or fewer clinicians**

Key Definitions, Continued

Individual Reporting

Report at the National Provider Identifier (NPI) level.

Group Reporting

Report at the Taxpayer Identification Number (TIN) level.

Patient-Facing Clinician

The Clinician has >100 Medicare Part B patient-facing encounters.

Non-Patient Facing Clinician

The Clinician has 100 or fewer Medicare Part B patient-facing encounters.

Non-Patient Facing Group

The practice has >75% of the NPIs under the practice's TIN meeting the definition of an individual non-patient facing clinician.

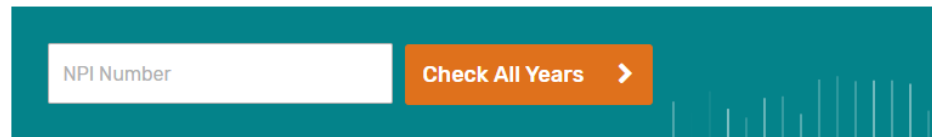
Check Your 2018 MIPS Status

<https://qpp.cms.gov/participation-lookup>

QPP Participation Status

Enter your 10-digit [National Provider Identifier \(NPI\)](#) number to view your QPP participation status by performance year (PY).

QPP Participation Status includes APM Participation as well as MIPS Participation.



✔ MIPS Included as an Individual

Eligible provider type	Yes
Enrolled in Medicare before January 1, 2018	Yes
Medicare patients for this clinician	Exceeds
Allowed charges for this clinician	Exceeds

Reporting Requirements Overview

✔ Required to Report for MIPS

is not a participant in any APMs, and therefore does not have any APM specific reporting requirements. MIPS Included for at least one of their practices. Therefore this clinician must submit data in this system by March 2019.

⊘ Not Required to Report for any APMs

is not a participant in any APMs, and therefore does not have any APM specific reporting requirements.

Received as an individual

SPECIAL STATUS Hospital-based	Yes
SPECIAL STATUS Non-patient facing	Yes
SPECIAL STATUS Small practice	Yes

Individual vs. Group Reporting: Which is Best?

- Review MIPS eligibility status for each pathologist in the practice
 - Confirm CMS has the correct NPIs included in your TIN
 - Some of your pathologists may not be eligible as *individuals* due to falling below the low-volume threshold
- Confirm your pathologists (or practice) are classified as non-patient facing
 - Non-patient facing clinicians likely only have to report on Quality Measures and Improvement Activities
- Decide if the advantages of group reporting make sense for your practice this year

If you are reporting Quality Measures through claims/ your billing company, you are reporting as individuals, which means that Improvement Activities must also be attested individually.

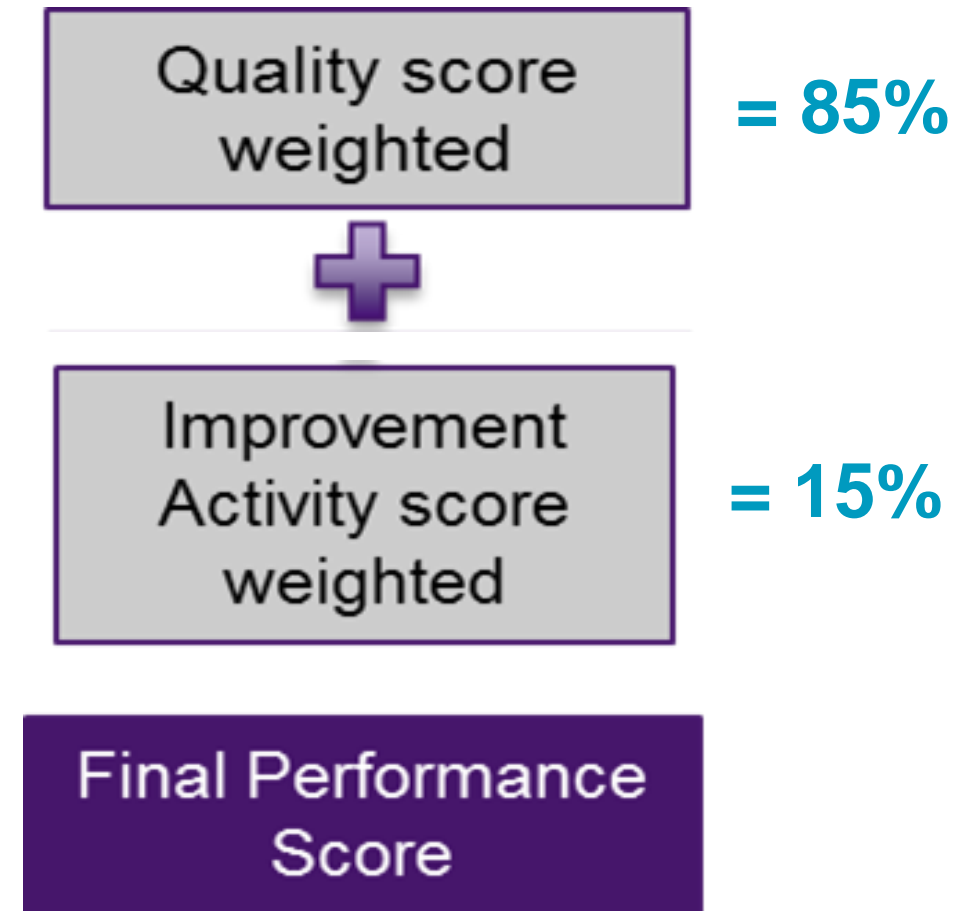
Determine Your Best Reporting Method

- **Qualified Clinical Data Registry (QCDR)**
 - CAP's Pathologists Quality Registry
 - One stop shopping for quality measures and/or improvement activities
 - More pathologist-specific specific measures to choose from
- **Claims-based (billing company)**
 - For individual reporting only; therefore you must attest to improvement activities as an individual
 - If using a billing company, ensure that improvement activities are covered
- **CMS Web Interface**
 - Available for multispecialty practices with more than 25 providers
- **Other qualified registries**

Understanding MIPS Scoring

- Eligible pathologists will receive a single MIPS Final Score
- For non-patient-facing pathologists, the score is likely based on two categories in 2018*

* *Cost category may be applicable to some non-patient-facing pathologists.*



Maximize Your Quality Category Score

- **Report a minimum of 6 measures**
 - One must be an outcome or high priority measure
 - 20 case minimum per measure
 - 60% data completeness
- **Each measure is worth up to 10 points**
 - Bonus points for reporting > 1 outcome/high priority measure
 - Benchmarks scoring deciles are important
- **Each measure has a base score**
 - 1 point if < 60% data completeness (3 points for small practices)
 - 3 points if < 20 case minimum
- **Improvement Scoring**
 - Based on improving performance from 2017 to 2018

2018 CAP-Developed Quality Measures

QPP Measures

QPP 99: Breast Cancer Resection Pathology Reporting *

QPP 100: Colorectal Cancer Resection Pathology Reporting *

QPP 249: Barrett Esophagus Pathology Reporting *

QPP 250: Radical Prostatectomy Pathology Reporting *

QPP 251: Evaluation of HER2 for Breast Cancer Patients *

QPP 395: Lung Cancer Reporting (biopsy/cytology specimens)+*

QPP 396: Lung Cancer Reporting (resection specimens)+

QPP 397: Melanoma Reporting+*

Non-QPP (QCDR) Measures

CAP1: Turnaround Time (TAT) – Standard Biopsies+

CAP2: Cancer Protocol Elements for Endometrium Completed

CAP3: Cancer Protocol Elements for Kidney Resection Completed

CAP4: Cancer Protocol Elements for Intrahepatic Bile Duct Completed

CAP5: Cancer Protocol Elements for Hepatocellular Carcinoma Completed

CAP6: Cancer Protocol Elements for Pancreas Resection Completed

CAP7: Helicobacter pylori Documentation Rate

CAP8: Turnaround Time (TAT) – Lactate+

CAP9: Turnaround Time (TAT) – Troponin+

+ **Outcome or high-priority measure.**

* Flagged as a Topped-out measure by CMS.

2018 QPP Measures with Benchmarks and Scoring

Measures	Submission Type	Average	Scoring deciles** <i>(Nothing listed means measure is only decile 10 at 100.0)</i>	Measures Score 10 ** unless performance is under 100.0, then scored as below # points
Pathology Reporting - Breast Cancer	Claims	99.3		
	Registry	99.0	Decile 3 (99.39-99.99)	3-3.9
Pathology Reporting – Colorectal Cancer	Claims	99.5		
	Registry	99.6		
Pathology Reporting - Barrett Esophagus	Claims	99.8		
	Registry	99.5		
Pathology Reporting - Radical Prostatectomy	Claims	-		
	Registry	98.1	Decile 3 (97.28 - 99.99)	3-3.9
Evaluation of HER2 for Breast Cancer Patients	Claims	100		
	Registry	99		
*Lung Cancer Reporting – biopsy/cytology specimens	Claims	96.9	Decile 3 (96.00 - 99.99)	3-3.9 + 2
	Registry	95.7	Decile 3 (95.83 - 96.66) Decile 4 (96.67 - 99.99)	3-3.9 + 2 4-4.9 + 2
*Lung Cancer Reporting – resection specimens	Claims	-		
	Registry	-		
*Melanoma Reporting	Claims	96.5	Decile 3 (95.00 - 97.05) Decile 4 (97.06 - 99.99)	3-3.9 + 2 4-4.9 + 2
	Registry	94.5	Decile 3 (97.14 – 99)	3-3.9 + 2

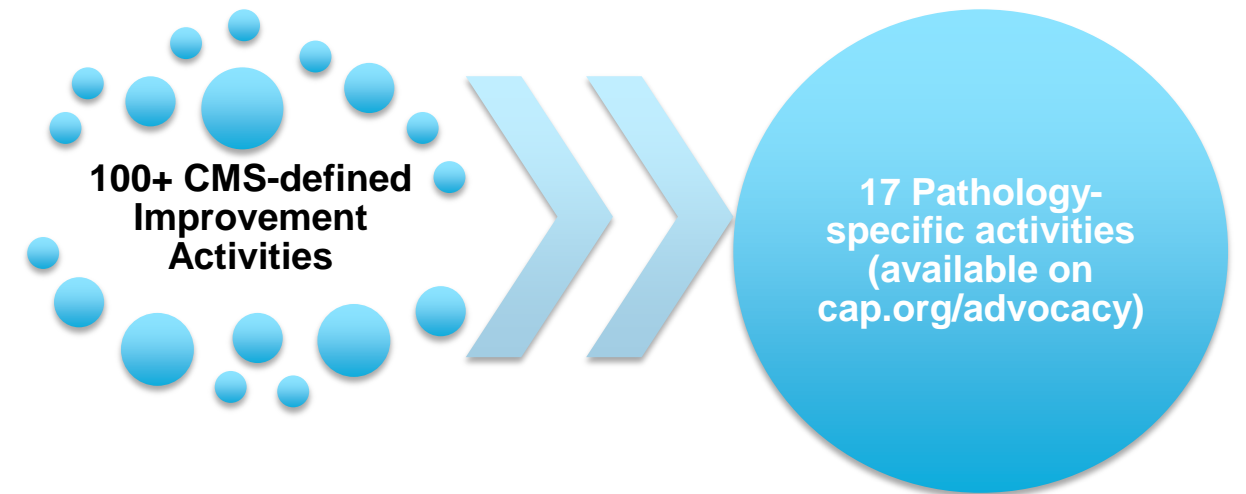
Benchmarks are specific to the reporting mechanism.

Eligible Measure Applicability (EMA)

- **If you submit less than 6 quality measures, the CMS will determine whether additional measures should have been submitted**
 - Only applies to claims-based and Qualified Registry reporting (not QCDR)
- **If the CMS finds no additional applicable measures:**
 - Your quality score will be based on the measures submitted
- **If you submit via a QCDR, you must report on 6 measures**
 - If you have less than 6 measures that apply to you, we recommend you report via claims or a Qualified Registry

Maximize Your Improvement Activities Score

- Attest to 1 high-weighted or 2 medium-weighted Improvement Activities (IAs) if you are a non-patient-facing pathologist
- You can attest through a QCDR like the CAP's Pathologists Quality Registry or via the CMS portal
 - Your billing company does not likely report IAs for you
- If you report quality measures via claims, you will have to attest IAs for each individual in your practice

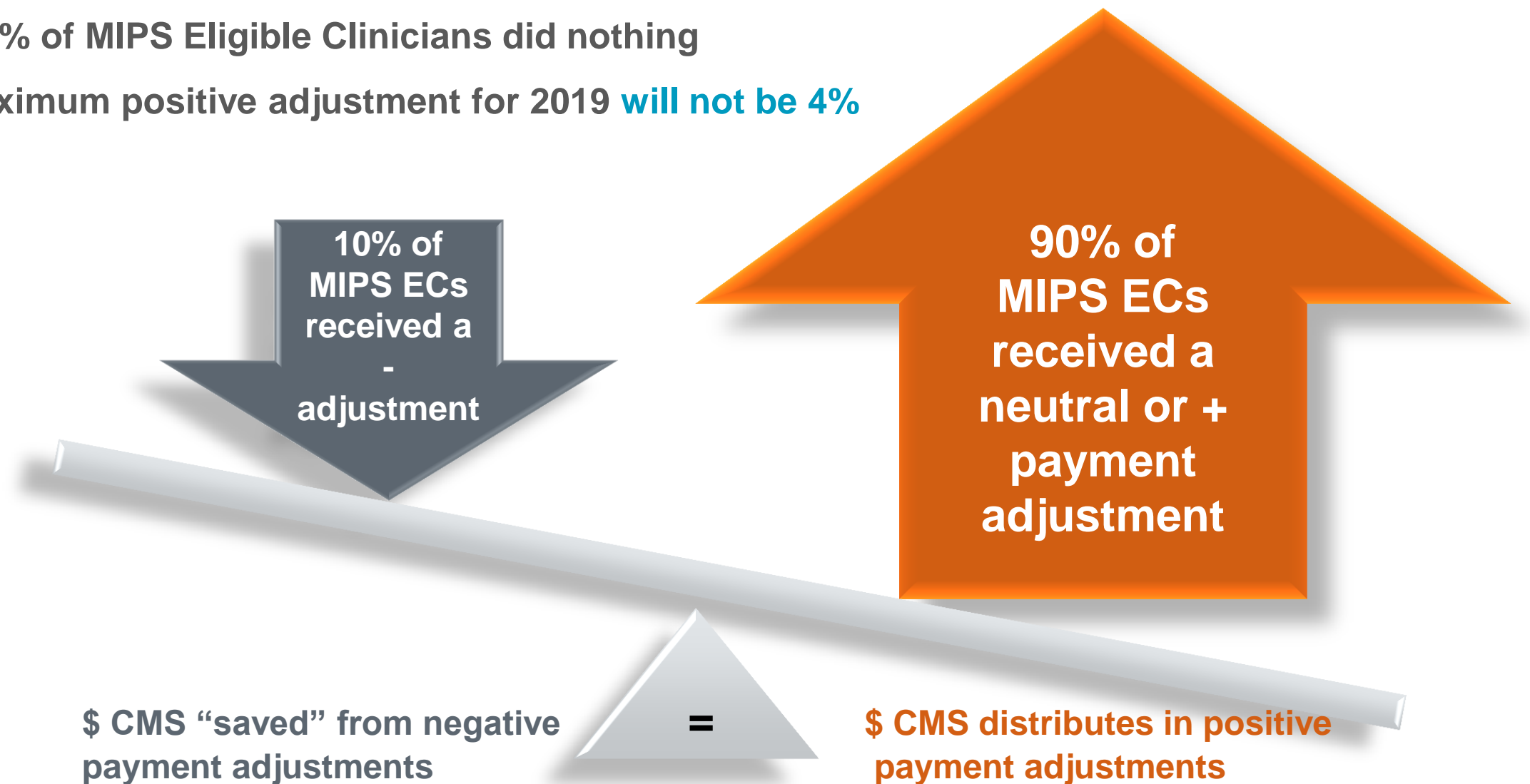


The Impact of Budget Neutrality In MIPS

- **Zero-Sum Game**

- **2017 was the Pick Your Pace Year**

- Only 10% of MIPS Eligible Clinicians did nothing
- The maximum positive adjustment for 2019 **will not be 4%**



The CAP Has MIPS Resources

Decoding MIPS Webinar Series:

- [MIPS Reporting Deep Dive: Which Path is Right for Your Practice?](#) webinar on September 6 at 11 am ET/ 10 am CT
- [Pathologist Improvement Activities You Can Attest to Under MIPS](#) webinar on September 20 at 1 PM ET/ 12 PM CT
- [Earn the Maximum Bonus-A look At Pathology Specific Quality Measures That Will Improve Your Score](#) webinar on December 4 at 12 PM ET/ 11 AM CT
- [Steps Pathologists Should Take Before Reporting MIPS Data to the CMS](#) webinar on January 8, 2019 at 3 PM ET/ 2 PM CT

Visit cap.org/advocacy for MIPS tools and resources

- ✓ MACRA video
- ✓ MIPS checklist
- ✓ MIPS calculator
- ✓ Improvement Activities made simple
- ✓ Measure descriptions and specifications

Questions?

Email us at MIPS@cap.org



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